(c) whether it has started functioning; and

(d) if not, reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (d) Reports of Outbreak of diseases in various parts of the country prompted the Govemment to strengthen the disease surveillance system for identification of outbreaks in early phase and effective response to such outbreaks. As a part of National Disease Surveillance and Response System, rapid response teams would be established in the states to respond immediately to any epidemic situation. This would enable district health system to develop capabilities for responding to outbreaks in an organised manner.

Opening of CGHS dispensary at Pauri, U.P.

372. SHRI RAJ NATH SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Govemment are aware that the retired/pensioner Central Government employees residing in hill districts of U.P. are demanding Government for opening CGHS dispensary at Pauri, District Pauri Garhwal, U.P;

(b) if so, whether Govemment have taken any decision for opening of CGHS dispensary, particularly at Pauri, in U.P. in near future; and

(c) if so, by when and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (c) According to the present norms of the CGHS, the CGHS facilities can be extended only to cities with a population of 7,500 or more Central Govemment employees/ pensioners. State Capitals are to be taken up in the first instance.

First Lady Dental College in Private Sector

373. SHRI PARAG CHALIHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the first ladv dental college has recently been allowed in private sector;

(b) if so, what are the details thereof and needs for opening such colleges; and

(c) whether Govemment propose to set up such colleges?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) No, Sir.

(b) Does not arise.

(c) There is no such proposal.

Implementation of the recommendations of Central Pollution Control Board

374. PROF. RAM KAPSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government intend to implement the recommendations of CPCB (Central Pollution Control Board) on hospital waste managements pollution levels and standards of incinerators; if so, details thereof;

(b) whether government are aware that infectious waste is not destroyed by incinerator in Govemment run hospitals;

(c) whether Govemment are planning to introduce a more eco-friendly system of waste disposal;

(d) whedier Govemment consider to hike the paltry sum of Rs. 10 lakhs earmarked in 1996-97 for waste management and control in hospitals; and

(e) if so, the details thereof; if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) and (b) The guidelines prepared by the Central Pollution Control Board on hospital waste have been circulated to all Central Govemment hospitals for necessary action.

(c) The draft Bio-medical Waste Rules notified by the Ministry of Environment and Forests, have been proposed with the objection
of protecting environment.

(d) and (el Incinerators ha^{v}e been

functioning in the Central Government hospitals for the disposal of hospital waste. Higher allocation for Hospital Waste Management has been proposed during the IXth Plan Period.

New intiatives to curb population in Urban and Rural areas

375. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the country's population is projected to cross one billion mark by the turn of century;

(b) if so, the estimated increase of population in urban and rural areas separately;

(c) whether the Government's programmes and policies formulated to check the population growth have failed to achieve any results; and

(d) if so, what new initiatives Govemment propose to take in this regard now?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) The estimated increase of population is given below:

(Figures in million)

Year (as on 1st March)	Total	Rural	Urban
1991 (Census)	846.3	628.7	217.6
2001 (Projected)	1012.4	721.2	191.2

(c) No, Sir. The National Family Welfare Programme averted 197 million births as on March, 1996. The Birth Rate declined from 41.7 during 1951—61 to 28.3 (Provisional) in 1995.

(d) The new focus of the programme is quality improvement and decentralised planning of services. The system of setting contraceptive target from the top has been replaced by decentralised planning of services at the level of the Primary Health Centre. In the IXth Plan, the States; districts which are lagging behind are proposed to be given greater attention.

Adverse Economic situation due to widespread Malaria Disease

376. SHRI YERRA NARAYANASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any study been done as to the adverse economic situation due to widespread malaria disaease in the country;

(b) if so, when cost-economics of malaria occurence in the country was done;

(c) whether it is a fact that Govemment have not invested adequately to control various types of malaria; and

(d) if so, steps proposed to reinvigorate the anti-malaria campaign in the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) and (b) As per the latest (1996) Global Burden of Disease estimate, Malaria in India is responsible for the loss of approximately 1.2 million DALYs (Disability-adjusted life years) annually.

A study on cost-economics of Malaria in the country was conducted in 1980 by the Indian Institute of Management, Ahmedabad which concluded that each Rupee spent on Malaria Control/Eradication on Programme since 1953-54 has brought in a benefit of Rs. 9.27.

(c) and (d) A Centrally sponsored Programme namely National Malaria Eradication Programme (NMEP) is in operation in the Malaria prone areas of the country.

The said programme is implemented through the State Govemment on a 50:50 cost sharing basis between the Centre and the States. In the last five years the budget for Malaria Control has been a substantial increase.

Further, a Malaria Control Project with support from World Bank to intensify Control measures in malaria-endemic and tribal/ backward areas of the country is currently under formulation.